



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: COLUMBUS PAIN INSTITUTE

Street Address: 2400 North Park, Suite 20

City: Columbus

County: Indiana

Administrator Name: Sarah Ramey

Administrator Email: saraheramey@yahoo.com

ASC Web Address: wellspringpainsolutions.com

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body:

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2201	3529
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	673	
64493	537	
64494	461	
62323	305	
64490	264	
64491	252	
64495	75	

64492	82
64484	200
G0260 or 27096	781

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
--	---